

THE LAKE OF THE WOODS CHURCH
CHILD CARE CENTER
SCHOOL AGE SUMMER PROGRAM REGISTRATION
ONE CHURCH LANE, LOCUST GROVE, VA 22508
(540) 972-2349
ccbelinda9722349@yahoo.com
www.lowchurch.org click on "Ministries"

YEAR: _____
BUS # _____

Morning Program: Day Enrolled M/T/W/Th/F or All
Afternoon Program: Days Enrolled M/T/W/Th/F or All

Please Note: The State requires that this form be completed in its entirety.

CHILD:

Name _____ Sex _____ Birth Date _____
Home Mailing & Street Address: _____ Home Phone _____

PARENT OR GUARDIAN:

Father _____ Employer _____ Business Phone _____
Work Mailing & Street Address: _____ Home Phone _____
_____ Cell Phone _____
Home address if different from child: _____ E-mail Address (home & work) _____
Social Security Number: _____ Home E-mail: _____
_____ Work E-mail: _____

Mother _____ Employer _____ Business Phone _____
Work Mailing & Street Address: _____ Home Phone _____
_____ Cell Phone _____
Home address if different from child: _____ E-mail Address (home & work) _____
Social Security Number: _____ Home E-mail: _____
_____ Work E-mail: _____

Local Alternate/Emergency Pick up Person
Name _____ Employer _____ Business Phone _____
Home Mailing & Street Address: _____ Home Phone _____
_____ Cell Phone _____

EMERGENCY INFORMATION:

Child's Physician _____ Business Phone _____
ALLERGIES/CONDITIONS: _____

(Local or Out of State) Emergency persons other than the parents and alternate persons listed above (2):

Name _____ Employer _____ Business Phone _____
Home Mailing & Street Address: _____ Home Phone _____
_____ Cell Phone _____

Name _____ Employer _____ Business Phone _____
Home Mailing & Street Address: _____ Home Phone _____
_____ Cell Phone _____

Person/Persons NOT authorized to pick up the child (please include any legal documentation):

Grade: _____

Schools or Day Care Centers child have attended:



AGREEMENTS:

1. The Child Care Center agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pickup the child AS SOON AS POSSIBLE.
2. The parent/guardian authorizes the Child Care Center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian will abide by all of the rules and policies of the Child Care Center as provided in parent packet.
4. The parent/guardian have received and read the Parent Information Packet.
5. The parent/guardian will give at least one week's termination notice.
6. A late fee of \$10.00 per child is charged for each 10 minutes or part thereof for parents arriving after closing. Late fees start at 6:31 pm. This fee will be added to your bill. All children enrolled in the Preschool Only Program must be dropped of by 8:30 a.m. and picked up to 12:00 Noon. The hours of services are from 6:30 a.m. to 6:30 p.m.
7. I understand that the children's cubbies or coat racks is for their personal items. They will not be used for personal correspondence with other parents/children.
8. You are required to notify and inform the Child Care Center Director within 24 hours, if your child develops a communicable disease.
9. The C.C.C. staff members are not permitted to apply sunscreen or insect repellent without written authorization. The parent is required to supply these over the counter products and must inform the C.C.C. of any adverse reactions to these products. The sunscreen and insect repellent must be in the original container and labeled with your child's name. The C.C.C. will be required to keep a record of use of these products.
10. Your child must be toilet trained (no exceptions).

SIGNATURES:

Father: _____ Date _____

Mother _____ Date _____

Guardian _____ Date _____

Admin/Director of the C.C.C. _____ Date _____

REGISTRATION INFORMATION:

Date of Enrollment: _____

Date of Withdrawal: _____

Annual Registration Fee:(\$40) _____

Annual Curriculum Fee: (\$50) _____